

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -

6697

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name Russell

Cornelius

P.O. Box, Bldg., Room No., if any

Street 620 US Route 130

City Trenton

State New Jersey

ZIP Code + 4 08691

4. Name, file number, and address of labor organization.

Name Intl Brotherhood of Teamsters Local No 35 TCWH

Labor Organization File Number 043-072

P.O. Box, Building and Room Number, if any

Street 620 US Route 130

City Trenton

State New Jersey

ZIP Code + 4 08691

5. Position in labor organization.

Trustee

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Russell Cornelius

On

Date

Telephone Number

Name of Person Filing <b>Russell Cornelius</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <u>Teamsters Local No. 35 Pension Plan</u>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street <u>620 US Route 130</u>  City <u>Trenton</u>  State <u>New Jersey</u> ZIP Code + 4 <u>08691</u>	9. Business deals with:  <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name <u>Teamsters Local No. 35 Pension Plan</u>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street <u>620 US Route 130</u>  City <u>Trenton</u>  State <u>New Jersey</u> ZIP Code + 4 <u>08691</u>	11.a. Nature of such dealing. <u>Quarterly trust meetings includes meals and drinks</u>  11.b. Approximate dollar value of such dealing. <u>See attached \$80.</u> 12.a. Nature of interest held or income received. <u>N/A</u>  12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	14.a. Nature of payment.  <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

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11.b. Attachment Russell Cornelius

I do not know the exact value for the meals, but estimate that the value for the 2 quarterly trust meetings would be \$80.00.